



# Minot State UNIVERSITY

## Graduate School

## GRADUATE COMMITTEE Master of Science - Communication Disorders

### Thesis Defense

Name \_\_\_\_\_ ID# \_\_\_\_\_

This form is initiated by the graduate student and should be completed by the end of the first year of graduate study.

Semester/Year of Planned Completion \_\_\_\_\_

**Please appoint the following faculty members to my Graduate Committee. The faculty members have verified their willingness to participate by signing this form, and all members are approved for graduate faculty status. Only one member of the committee can hold Graduate Faculty, Professional Graduate Faculty, or Visiting Graduate Faculty status.**

**The CD Graduate Committee consists of three graduate faculty members from Communication Disorders and one Graduate faculty member from outside the Communication Disorders department.**

\_\_\_\_\_  
Printed Name /Signature of Committee Chair (from within Communication Disorders) Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name /Signature of Graduate Faculty member from within Communication Disorders Date \_\_\_\_\_

\_\_\_\_\_  
Printed name /Signature of fourth Graduate Faculty Member from outside Communication Disorders Date \_\_\_\_\_

\_\_\_\_\_  
Approval of Communication Disorders Program Director Date \_\_\_\_\_

**Submit the completed form to the Minot State University Graduate School**

\_\_\_\_\_  
Signature, Associate Vice President of the Graduate School Date \_\_\_\_\_

**\*A new committee form is required if the committee membership changes.**

Updated July 2018